

**Domestic Support Obligation Disclosure Form**

**Section 1:** to be completed by all debtors:

Date: 12/19/2012 Case No.: 12-21297  
Debtor: Robert G Koenig CoDebtor: Sarahann Koenig  
SSN: 0592 SSN: 4608

Are you responsible for any Domestic Support Obligations described in 11 U.S.C. § 101(14A) [debt owed to or recoverable by spouse, former spouse, child, child's guardian or governmental unit in the nature of alimony, maintenance or support]?

Debtor: Yes \_\_\_\_\_ No X CoDebtor: Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is "No", skip to Section 3 at the bottom of this form and sign.

If your answer is "Yes", please complete your answers to all questions in Section 2 and sign.

**Section 2:** to be completed only if you answered "Yes" above:

Debtor current marital status: \_\_\_\_\_ CoDebtor current marital status: \_\_\_\_\_  
Married \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Are support payments deducted from your paycheck? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide the State Agency Information:

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
Account No. \_\_\_\_\_

Names of creditors for any debts that will not be discharged or that you will reaffirm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify your Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 3:** to be signed by all debtors.

*I swear or affirm under penalty of perjury pursuant to 28 USC § 1746 that the information provided herein is true, correct, and complete.*

Debtor X Robert Koenig CoDebtor X Sarahann Koenig